

Please read all instructions carefully before filling out and submitting. Failure to fill out correctly may cause a delay or denial in your student/s lunch benefits. You are responsible for paying for school meals until your application has been processed.

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART			
School Year 2013-2014			
Household size	Yearly	Monthly	Weekly
1	21,257	1,772	409
2	28,694	2,392	552
3	36,131	3,011	695
4	43,568	3,631	838
5	51,005	4,251	981
6	58,442	4,871	1,124
7	65,879	5,490	1,267
8	73,316	6,110	1,410
For each additional household member add:	7,437	620	144

Privacy Act Statement: This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Note: USDA and FNS do not evaluate, recommend, approve or endorse any software used for certification or verification purposes. There are no Federal specifications for software vendors. LEAs are responsible for assuring that the certification and verification processes meet all regulatory requirements and policies including the calculation of income frequencies discussed in Par 3, Section E. Therefore, if software is used to perform all or part of the certification or verification process, the LEA must assure the software used is performing correctly and meets all requirements. Because of the statutory change requiring only 4 digits of a social security number, the Privacy Act statement is no longer required. In lieu, the Use of Information Statement must be provided on the application. Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We *MAY* share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SNAP, FEP, OR FDPIR FOLLOW THESE INSTRUCTIONS:

Part 1: List all children in household, the name of school, and grade for each child

Part 2: **List the case number** for any household member (including adults) receiving SNAP, FEP or FDPIR benefits.

Part 3 & 4: Skip these parts.

Part 5: Sign the form. The last four digits of a Social Security Number are *not* necessary.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR FEP BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 1: List all children in household, the name of school, and grade for each child

Part 2: Skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the homeless coordinator, Mary Ann Nielson, 801-402-5609 or Wendy Salazar, 801-402-5110.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If *all* children in the household are foster children:

Part 1: List all foster children, school name, and grade for each child. Check the box indicating the child is a foster child.

Part 2, 3, & 4: Skip these parts.

Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.

If *some* of the children in the household are foster children:

Part 1: List all children in household, the name of school, and grade for each child. **For all children with no income, you must check the “No Income” box. Check the box if the child is a foster child.**

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Box 1–Name:** List all other household members (include any children from part 1 with income). **Check the “No Income” box if they receive no income.**
- **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, the amount earned *before* taxes and other deductions. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For *ONLY* the *self-employed*, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the **Military Privatized Housing** Initiative or get combat pay, do not include these allowances as income.

Part 5: Adult household member must sign the form and list the **last four digits of their Social Security Number** (or mark the box if s/he doesn’t have one).

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List children and the name of school for each child. **For any child with no income you *must* check the “No Income” box.**

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Box 1–Name:** List all other household members (include any children from part 1 with income). **Check the “No Income” box if they receive no income.**
- **Box 2 –Gross Income and How Often It Was Received:** See Part 4, box 2 above for more information.

Part 5: Adult household member must sign the form and list the **last four digits of their Social Security Number** (or mark the box if s/he doesn’t have one).

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL CHILDREN					Part 2. BENEFITS
Names of all children in household (include those not in school)	School and Grade	Student ID #	Check if Foster Child	Check if NO income	List SNAP, FEP, or FDPIR case # for household member (if any). Skip to Part 5 if you list a case #.
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

PART 3. If any child you are applying for is **HOMELESS, MIGRANT**, or a **RUNAWAY** check the appropriate box.
 HOMELESS MIGRANT RUNAWAY

PART 4. ALL OTHER HOUSEHOLD MEMBERS & GROSS INCOME (INCLUDE CHILDREN FROM PART 1 IF THEY HAVE INCOME)

NAME	Check box if there is NO income	HOW MUCH AND HOW OFTEN IT WAS RECEIVED							
		Earnings From Work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security, SSI, VA benefits		Any/All Other Income	
		Income	How Often	Income	How Often	Income	How Often	Income	How Often
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number** or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.) *I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Sign here: _____ Print name: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____
Last four digits of Social Security Number: * -**- _____** **I do not have a Social Security Number**

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:	Choose one or more (regardless of ethnicity):
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander

***** DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY *****

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12
 Household size: _____ Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year*
 Categorical Eligibility: _____ Eligibility: Free__ Reduced__ Denied__ Reason: _____
 Determining Official's Signature: _____ Date: _____ Error Prone: Date Withdrawn: _____
 Confirming Official's Signature: _____ Date: _____ Verifying Official's Signature: _____ Date: _____

SHARING INFORMATION WITH MEDICAID/CHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the Children's Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Check here if your children have health insurance (including CHIP or Medicaid).

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and CHIP that your children are eligible for free or reduced price meals, **unless you tell us not to.*** Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or CHIP, fill out the form below and send in (sending in this form will not change whether your children get free or reduced price meals).

No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____



CHIP is a state health insurance plan for uninsured Utah children.
Families who do not have other insurance may qualify.

For more information or to apply, call or visit:

1-877-KIDS-NOW

www.health.utah.gov/chip